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CONFIRMATION NO. 7911

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/727,859 | FILING DATE<br>12/04/2003<br><br>RULE | CLASS<br>607 | GROUP ART UNIT<br>3739 | ATTORNEY<br>DOCKET NO.<br>29437.00 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

## APPLICANTS

Clifford Eugene Gammons, Loudon, TN;

\*\* CONTINUING DATA \*\*\*\*\*

*none - RDR*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none - RDR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/04/2004

|   |  |                        |                       |                            |
|---|--|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>TN                    | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | EXAMINER'S SIGNATURE<br><i>Ray D. Gibson</i> | INITIALS               |                       |                            |
| Verified and<br>Acknowledged  |  |                        |                       |                            |

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## TITLE

Inflatable thermal blanket with sterile access

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>507 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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